

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1015881956

FILING DATE

8-10-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6		1				
7	1					
8		1				
9	1					
10		1				
11	1					
12		1				
13	1					
14	1					
15	1					
16	2	-				
17	2	-				
18	2	-				
19	2	-				
20	2	-				
21	2	-				
22	2	-				
23	1					
24	1					
25	1					
26	1					
27						
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46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	26	◀	◀	◀		
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		◀	◀	◀		
TOTAL CLAIMS						